

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**
FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 1 — 3 1

2. STATE:

Missouri

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

July 1, 2001

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 447 Subpart F

7. FEDERAL BUDGET IMPACT:

a. FFY 2001 \$ 1.68 million

b. FFY 2002 \$ 6.7 million

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-B
Page 1 and Page 1a9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Attachment 4.19-B, Page 1

10. SUBJECT OF AMENDMENT: The State Medicaid Agency shall pay the provider's actual charge for the
physician services provided by doctors of medicine, osteopathy, podiatry, and dentistry who are employed
by the State of Missouri.

11. GOVERNOR'S REVIEW (Check One):

- ☒
- GOVERNOR'S OFFICE REPORTED NO COMMENT
- ce*
-
- ☐
- COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
-
- ☐
- NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Dana Katherine Martin

14. TITLE:

Director

15. DATE SUBMITTED:

September 5, 2001

16. RETURN TO:

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

09/06/01

18. DATE APPROVED:

NOV 08 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

JUL 01 2001

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Nanette Foster Reilly

22. TITLE:

Acting ARA for Medicaid & State Operations

23. REMARKS:

cc: Martin
Vadner
Waite
CO

SPA CONTROL

Date Submitted: 09/05/01

Date Received: 09/06/01

State MissouriMETHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

The definition and determination of reasonable charge as administered by the Division of Medical Services in establishing rates of payment for medical services will be that charge which most nearly reflects the provider's usual and customary charge to the general public for the service, as qualified by application of available prevailing charge resources and the upper and lower limitations of payment stipulated or optionally provided in Federal regulation.

If the funds at the disposal or which may be obtained by the Division of Medical Services for the payment of medical assistance benefits on behalf of any person under one or more of the following specific medical services reimbursement methods, shall at any time become insufficient to pay the full amount thereof, then, pursuant to state law, the amount of any payment on behalf of each of such persons shall be reduced to pro rata in proportion to such deficiency in the total amount available or to become available for such purpose. In accordance with requirements of Title 42, Code of Federal Regulations, 447.204, the agency's payments will not be reduced beyond the point at which they become insufficient to enlist enough providers so services under the plan are available to recipients at least to the extent that those services are available to the general population.

PHYSICIAN, DENTAL AND PODIATRY SERVICES

Physician Services (includes doctors of medicine, osteopathy, podiatry, dentistry).

The state agency will establish fee schedules based on the reasonable charge for the services as defined and determined by the Division of Medical Services. The determination and reimbursement of reasonable charge will be in conformance with the standards and methods as expressed in 42 CFR 447 Subpart F. Agency payment will be the lower of:

- (1) The provider's actual charge for the service; or
- (2) The allowable fee based on reasonable charge as above determined.

For certain specified diagnostic laboratory services included under the Title XVIII Medicare fee schedule, and when provided in a physician's place of service, Medicaid payment will not exceed the maximum allowable Medicare payment.

Payment for physician services for those organ and bone marrow transplant services covered as defined in Attachment 3.1-E will be made on the basis of a reasonable charge determination resulting from medical review by the Medical Consultant.

The state agency will reimburse providers of Physician's Services to the extent of the deductible and coinsurance as imposed under Title XVIII for those Medicaid eligible recipient-patients who also have Medicare Part B eligibility.

State MissouriPHYSICIAN, DENTAL AND PODIATRY SERVICES Provided by State Employees

Physician Services (includes doctors of medicine, osteopathy, podiatry, dentistry).

The state agency will establish fee schedules based on the provider's usual and customary charge to the general public for the services as defined and determined by the Division of Medical Services. The determination and reimbursement of reasonable charge will be in conformance with the standards and methods as expressed in 42 CFR 447 Subpart F. Agency payment will be the provider's usual and customary charge to the general public for the service.

For certain specified diagnostic laboratory services included under the Title XVIII Medicare fee schedule, and when provided in a physician's place of service, Medicaid payment will not exceed the maximum allowable Medicare payment.

Payment for physician services for those organ and bone marrow transplant services covered as defined in Attachment 3.1-E will be made on the basis of a reasonable charge determination resulting from medical review by the Medical Consultant.

The state agency will reimburse providers of Physician's Services to the extent of the deductible and coinsurance as imposed under Title XVIII for those Medicaid eligible recipient-patients who also have Medicare Part B eligibility.